



Tennessee Department of Health INFANT MORTALITY FACT SHEET

WHAT DO INFANT MORTALITY STATISTICS TELL US?

What is the Burden of Infant Mortality Nationally?

Infant mortality is used to compare the health and well-being of populations across and within countries. The U.S. infant mortality rate, the rate at which babies less than one year of age die, has continued to steadily decline over the past several decades, from 26.0 per 1,000 live births in 1960 to 6.8 per 1,000 live births in 2003. Among developed countries, the United States ranked near the bottom in the world in infant mortality in 2003. This ranking is due in large part to disparities which continue to exist among various racial and ethnic groups in this country, particularly African Americans.

Promising Strategies

Focus on modifying the behaviors, lifestyles, and conditions that affect birth outcomes, such as smoking, substance abuse, poor nutrition, lack of prenatal care, medical problems, and chronic illness. Public health agencies must partner to improve the infant mortality rate in the United States. This joint approach should address the behaviors, lifestyles, and conditions that affect birth outcomes. Substantial investments have been made in consultation, research, and service delivery to reduce disparities in access to health care and health status.

What can Health Care Providers do to Help Reduce Infant Mortality Rates?

Health care providers should advise their patients about factors that affect birth outcomes, such as maternal smoking, drug and alcohol abuse, poor nutrition, stress, insufficient prenatal care, chronic illness or other medical problems.

What can Communities and Individuals do to Help Reduce Infant Mortality Rates?

Communities can play an important role in this effort by encouraging pregnant Women to seek prenatal care in the first trimester, which will ensure a better birth outcome than little or no prenatal care. Parents and caregivers should place sleeping infants on their backs and reduce bed sharing. Research has demonstrated that babies who slept on their stomachs were at a higher risk for SIDS.

Source: Adapted from Centers for Disease Control and Prevention, Office of Minority Health